

Out of State Adult/Child Abuse and Neglect Check
(To Comply with The Adam Walsh Child Protection and Safety Act)

Out of State Agency/Facility Requesting Check

Address—Street, City, State, Zip

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Central Registry, which is maintained by the Division of Children and Family Services.

Your Current Full Legal Name (Please Print)

Your Current Address (Street, City, State, Zip Code—Please Print)

Your Date of Birth

Social Security Number

Other names previously used, such as: former married names, maiden name, nicknames. Please Print.

Names and birth dates fo your children and children who have lived with you. Please print.

Any address at which you have resided during the last 20 years.

Applicant signature

Date

Subscribed and sworn to me on the _____ day of _____, 20_____

Seal of Notary

Notary Public

Please mail this form to:

Nebraska Department of Health and Human Services
Children and Family Services, Policy Unit
Attention Central Registry
PO Box 95026
Lincoln, NE 68509

Fax: 402-471-9034